

What is HMIS and Why Should I Use It?

HMIS is a database system used to

- Coordinate efforts to help you obtain and maintain permanent housing
- Secure files electronically
- Ensure these projects continue receiving funding to keep them open
- Reduce the information you have to repeat and answer at multiple agencies

The HMIS system is used by many agencies throughout the county that provide services to homeless and low-income persons. A current list of participating health, housing, and human service agencies that provide housing-related supports is available at (acgov.org/cda/hcd/documents/roi_providers.pdf). HMIS data is used to assess your needs, track and improve services provided, and to match you to helpful resources based on priorities and standards established by the Alameda County HUD Continuum of Care (viewable at everyonehome.org).

When you request or receive services from a program participating in the Alameda County Continuum of Care, information collected about your household is entered into the HMIS system.

What information is shared about me?

My name, social security number, alias, date of birth, gender, race, ethnicity, veteran status, education, employment, if I have a disability, household relationships, living situation, income amount(s) and type, benefit(s) information, if I have health coverage and type, assessments, services needed and provided, and outcomes of services provided, including the name of the projects where I received services. Other information that might be collected (dependent on program) include income, non-cash benefits, health insurance, physical disability, developmental disability, chronic health condition, HIV/AIDS status, mental health, substance abuse, domestic violence, sexual orientation, etc. Additional information may include sharing of my photo and previously collected HMIS data.

Who can view and share information about me?

Information shared about me will ONLY be viewable by the participating agencies listed at (acgov.org/cda/hcd/documents/roi_providers.pdf). Each person or agency with access rights to the HMIS system must sign an agreement to maintain the security and confidentiality of client records.

Funders, cities, and other housing-related planning groups require HMIS to provide reports, which enable them to better understand the people-served, services provided and outcomes achieved. HMIS helps by pooling your data with others for these reports. This supports continued funding and improvement of services and housing projects for you and other homeless and low-income households. In addition, HMIS data is used for research purposes (including coordination with other systems of care), analysis about programs, specific service types, targeting of services, understanding best practices and improvements needed, or other uses to enhance the homeless and housing service delivery system. Keeping your information within the HMIS system helps us pool your data with others for these reports.

You have the right to receive a copy of all information collected about you and shared between the participating agencies. You may also amend and correct information collected about you that may be incorrect.

Alameda County HMIS – Release of Information

Client Name (Print): _____

Accompanying children: _____
(under the age of 18)

(Initial Here)

I have received and reviewed the “What is HMIS and Why Should I Use It” information sheet.

Consent to share and view my data:

By signing below, I agree that program intake/exit and service information collected about me and my household can be shared among HMIS participating agencies for the purposes of helping me to obtain and maintain permanent housing.

- I understand that a regularly updated list of the agencies participating in HMIS is available at (acgov.org/cda/hcd/documents/roi_providers.pdf).
- I know that the agencies participating in the system (listed at acgov.org/cda/hcd/documents/roi_providers.pdf) must follow strict privacy laws regarding protection of electronic and paper records.
- I understand that this acknowledgement is valid for ten (10) years from the date that I sign this form.
- I understand that my name, date of birth, gender and Social Security Number are used to identify my record in the database.
- I understand that my photo may be shared in the system.
- I understand that my services and project data will be used in reporting and in research or analysis about programs, specific service types, targeting of services, or other uses to improve the homeless and housing service delivery system.

Signature of Client Date

Agency Representative Date

Agency Representative Printed Name